ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.		2u. 24-01
O.I.P.E. CLASSIFIER			5-2-01
FORMALITY REVIEW	JM	JC864	6/13/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
–	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

Claim		Date											
Final	Original												
	1												
	2												
	3		✔	✔									
	4												
	5												
	6												
	7												
	8												
	9												
	10												
	11												
	12												
	13												
	14												
	15												
	16	✔	✔	✔									
	17	N	N	N									
	18	N											
	19	N											
	20	N											
	21	N											
	22	N	N	N									
	23			✔									
	24	÷	✔	✔									
	25												
	26		N										
	27												
	28												
	29												
	30												
	31												
	32												
	33		N										
	34												
	35												
	36												
	37												
	38												
	39												
	40												
	41												
	42												
	43												
	44												
	45												
	46												
	47												
	48												
	49												
	50												

Claim		Date											
Final	Original												
	51												
	52												
	53												
	54												
	55												
	56												
	57												
	58												
	59												
	60												
	61												
	62												
	63												
	64												
	65												
	66												
	67												
	68												
	69												
	70												
	71												
	72												
	73												
	74												
	75												
	76												
	77												
	78												
	79												
	80												
	81												
	82												
	83												
	84												
	85												
	86												
	87												
	88												
	89												
	90												
	91												
	92												
	93												
	94												
	95												
	96												
	97												
	98												
	99												
	100												

Claim		Date											
Final	Original												
	101												
	102												
	103												
	104												
	105												
	106												
	107												
	108												
	109												
	110												
	111												
	112												
	113												
	114												
	115												
	116												
	117												
	118												
	119												
	120												
	121												
	122												
	123												
	124												
	125												
	126												
	127												
	128												
	129												
	130												
	131												
	132												
	133												
	134												
	135												
	136												
	137												
	138												
	139												
	140												
	141												
	142												
	143												
	144												
	145												
	146												
	147												
	148												
	149												
	150												

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)